

**APPLICATION FOR EARNED INCOME
TAXPAYER ACCOUNT**

City of Wilmington, Delaware
Department of Finance
Wage Tax/Business License Division
800 North French Street
Wilmington, DE 19801-3537
(302) 576-2418



Account #

Specific Nature of Business

City of Wilmington Ordinance No. 78-015, Section 30-33 provides, in part, that subject to the Earned Income Tax regulations are:

"Each employer who employs one or more persons subject to this tax . . . shall deduct monthly or more often than monthly . . . the full tax . . . on the salaries, wages, commissions, and other compensation due from such employer . . .

COMPLETE AND SUBMIT THIS FORM TO THE **EARNED INCOME TAX DIVISION** TO REQUEST ESTABLISHMENT OF AN EARNED INCOME TAXPAYER ACCOUNT

TYPE OF ACCOUNT REQUESTED	Type of Ownership:			
	<input type="checkbox"/> Corporation*	<input type="checkbox"/> S - Corporation*	<input type="checkbox"/> Employer	<input type="checkbox"/> Partnership*
	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Net Profit	<input type="checkbox"/> Estate/Trust*	<input type="checkbox"/> LLC
	<input type="checkbox"/> Lodging Tax	<input type="checkbox"/> Non-Profit (501C3 copy required)		<input type="checkbox"/> Other
	<input type="checkbox"/> Holding Company (if exempt under DEL. 1902(B)(8) or 6401(1) Title 30)			
	<input type="checkbox"/> *This entity's activities are limited to passive investments.			
IDENTIFICATION NUMBER	<input type="checkbox"/> Federal Employer Identification No.: _____			
	<input type="checkbox"/> If no FEI, enter Social Security No.: _____			
Applicant's Business Location: <i>Actual physical location or physical location where work will be performed. P.O. Box is not acceptable.</i>				
NAME OF BUSINESS (No more than 30 characters including spaces)			E-MAIL ADDRESS	CONTACT PERSON
ADDRESS LINE 1			FAX NUMBER	FIRST NAME
ADDRESS LINE 2				LAST NAME
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	TELEPHONE NUMBER
Mailing Address: <i>Address applicant desires information and tax forms to be mailed.</i>				
NAME OF BUSINESS			E-MAIL ADDRESS	
ADDRESS LINE 1				
ADDRESS LINE 2				
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	FAX NUMBER
Business Owner Information: <i>Actual physical location required. P.O. Box Address is not acceptable.</i>				
NAME OF BUSINESS OWNERS			E-MAIL ADDRESS	
ADDRESS LINE 1				
ADDRESS LINE 2				
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	FAX NUMBER

NAME: (typed) _____

TITLE: _____

Date

SIGNATURE: _____